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CONFIRMATION NO. 7373

<b>SERIAL NUMBER</b> 10/650,057	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 05033.0002.CPUS02
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**APPLICANTS**  
 Magnus Von Knebel Doeberitz, Heidelberg Ziegelhausen, GERMANY;  
 Rudiger Ridder, Schriesheim, GERMANY;  
 Matthias Herkert, Heidelberg, GERMANY;  
 Anja Reichert, Nussloch, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/743,103 08/03/2001 PAT 6,709,832 which is a 371 of PCT/DE99/02094 07/01/1999  
 This application 10/650,057  
 is a CIP of 10/633,484 07/31/2003 *SR*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 EUROPEAN PATENT OFFICE (EPO) 02017313.4 08/01/2002  
 GERMANY 198 29 473.5 07/01/1998 *SR*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/21/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>SR</i> Initials				

**ADDRESS**  
27194

**TITLE**  
Method for detecting carcinomas in a solubilized cervical body sample

<b>FILING FEE RECEIVED</b> 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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